

| CLAIMS ONLY | | | | | | |
|---------------------------------------------------|----------|--------|-----------------------|--------|------------------------|-------------|
| Application Number 10/598763 | | | | | | Filing Date |
| Applicant(s) | | | | | | |
| * May be used for additional claims or amendments | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | |
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| 28 | 1 | | | | | |
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| Total Indep | 2 | | | | | |
| Total Depend | 12 | | | | | |
| Total Claims | 14 | | | | | |